

Façade Design Assistance Grant Program

Application				
Date Application S	Submitted			
Applicant Inform	ation:			
Company				
Address				
Address of Subjec	t Property			
Assessor Tax Lot	Number			
Contact Person		Email Address		
Phone Number		Fax Number		
	☐ Building Owner	Tenant		
Building Owner Information (if different from applicant):				
Contact Person				
Contact Address _				
Email Address		Phone Number		
Fax Number				
Owner is aw	are of the application	Owner has endorsed the application		



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Please submit the following information with your application:
☐ Photographs clearly showing existing conditions of the building to be improved;
☐ A written description of the proposed work (attached);
☐ Basic drawings or sketches showing the proposed improvements
☐ Written consent from the property owner, if owner is different from applicant.
 Professional design work shall not begin until this application is approved by the Tillamook Urban Renewal Agency board. Design services are limited to facades or building exterior improvements (further descriptions of eligible projects are describe by the Façade Grant Program Guidelines and Overview). Funding will only be provided to design consultants pre-approved by the Tillamook Urban Renewal Agency Proposal and Justification Committee. Design assistance funding shall be issued by the Tillamook Urban Renewal Agency board directly to the approved designer only after receipt of reproducible design materials.
Project Start Date
Expected Completion Date
Total Estimated Cost of Project
Grant Amount Requested
I agree that the information provided above and within is accurate and correct to the best of my knowledge. I also assure that my person and business are in compliance with all laws, ordinances, rules and regulations of the State of Oregon and the Tillamook Urban Renewal Agency.
Signature of Applicant
Signature of Design Consultant



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Written Summary of Proposed Work: Please be specific, providing as many details regarding materials as possible. Also

explain how the proposed project will enhance the integrity of the TURA District. In addition, please provide; purpose for the project, intended use of the building, current us of the building and estimated age of the building.

^{**}Attach additional sheets if necessary.



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Property Owner Consent Form:

Ι,	("Property Owne	er"), certify that I own the property
located at		("Address") in Tillamook,
("Applicant") for participa	ntion in the Tillamook Urban	Renewal Agency's Façade Design
Assistance Grant Program and/or enhancements to m		sal includes the following changes
I fully support this applica	tion and further certify that the	he Applicant holds a valid lease
for months	, expiring on	
Date Signature of Property	/ Owner	
Printed Name of Property	Owner	_
Mailing Address of Proper	rty Owner	_
Telephone Number of Pro	perty Owner	_
Return to: Tillamook Urban Renewal City of Tillamook 210 Laurel Avenue	l Agency	
Tillamook, OR 97141		

503-842-2472